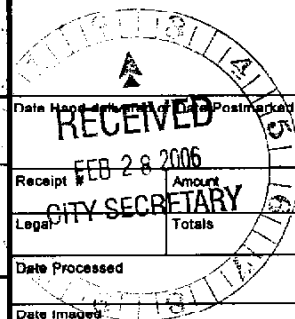


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT # <div style="font-size: 1.5em; font-family: cursive;">1430</div>		2 Total pages filed: <div style="font-size: 1.5em; font-family: cursive;">3</div>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <div style="font-size: 1.5em; font-family: cursive;">MS</div>		FIRST <div style="font-size: 1.5em; font-family: cursive;">Carol</div>	
NICKNAME		LAST <div style="font-size: 1.5em; font-family: cursive;">Alvarado</div>		SUFFIX	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED		Month Day Year <div style="font-size: 1.5em; font-family: cursive;">09/26/03</div>		THROUGH Month Day Year <div style="font-size: 1.5em; font-family: cursive;">10/25/03</div>	

**6** EXPLANATION OF CORRECTION

Due to a clerical oversight, several reimbursements were listed without also including the actual payee of the expenditures.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Carol Alvarado this the 27 day of February

20 06 to certify which, witness my hand and seal of office.

Tony Campos
Signature of officer administering oath

Tony Campos
Printed name of officer administering oath

Notary
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 09/28/03	5 Payee name Verizon	7 Amount (\$) 136.00	
6 Payee address; City; State; Zip Code PO Box 105378 Dallas, TX 75206			
8 Purpose of payment (See instructions regarding type of information required.) All phone bill paid by James Rodriguez and later reimbursed by the campaign.		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9/28/03	Payee name La Viarasca Bakery	Amount (\$) 12.00	
Payee address; City; State; Zip Code 1011 76th Street Houston, TX 77010			
Purpose of payment (See instructions regarding type of information required.) Food for campaign meeting. Paid by James Rodriguez and later reimbursed.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9/29/03	Payee name City of Houston - City Secretary	Amount (\$) 3.08	
Payee address; City; State; Zip Code 400 Bagby Houston, TX 77002			
Purpose of payment (See instructions regarding type of information required.) Copies paid for by James Rodriguez and later reimbursed.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 10/13/03	Payee name Mr. James Rodriguez	Amount (\$) 7.00	
Payee address; City; State; Zip Code 7814 Moline Houston, TX 77087			
Purpose of payment (See instructions regarding type of information required.) Reimbursement for 01/13/03 parking fee reported in July 15th report.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980
4 Date 10/10/03	5 Payee name Southwest Airlines 6 Payee address: [REDACTED] Dallas, TX 75235 7 Purpose of expenditure (See instructions regarding type of information required.) HELO Conference - Carol Alvarado flew from Houston to San Antonio on 10/18/03 & returned 10/19/03.	8 Amount (\$) 196.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/18/03	Payee name Greater San Antonio Transportation Co. Payee address: [REDACTED] City: State: Zip Code San Antonio, TX 78233 Purpose of expenditure (See instructions regarding type of information required.) Taxi from conference to airport.	Amount (\$) 16.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED